

FRAUD REQUIREMENTS

The Kentucky Revised Statutes and Regulations (KRS 304.47-080 and KAR 47:010-030) require each insurer to maintain a unit to investigate insurance fraud and furnish the following information. **This form should be returned to the Insurance Fraud Investigation Division, Kentucky Department of Insurance, 909 Leawood Drive, P. O. Box 4050, Frankfort, KY 40604-4050, telephone 502/564-1461, FAX 502/564-1464.**

1a. Name of Company_____

1b. NAIC Number_____

2a. The names, addresses, telephone number and FAX number of at least (1) but not more than (4) primary contact persons who shall communicate with the Insurance Fraud Investigation Division on matters relating to the reporting, investigation, and prosecution of suspected fraudulent acts (SIU contacts).

(1) SIU Name_____

Address_____

Telephone with Area Code_____ FAX with Area Code _____

E-mail Address _____

(2) SIU Name_____

Address_____

Telephone with Area Code_____ FAX with Area Code _____

E-mail Address _____

(3) SIU Name_____

Address_____

Telephone with Area Code_____ FAX with Area Code _____

E-mail Address _____

(4) SIU Name_____

Address_____

Telephone with Area Code_____ FAX/Area Code _____

E-mail Address _____

2b. Has this designated contact changed since the last report? _____ Yes _____ No

3. Each insurer is required to file a written report (fraud plan) in conformity with 806 KAR 47:030. Has your company filed a current written report? _____ Yes _____ No. If no, a written report is to be filed with this form.

4. Each insurer is mandated to report suspect fraudulent activity (KRS 304.47-050 and 806 KAR 47:020).

Printed Name

Signature

Title

Date

(8/2003)